PTO/SB06 (68-03) d for use Grough 7/31/2000, ORB 0651-0032 Office; U.S. DEPARTMENT OF COMMERCE

Under the Popperwork Reduction Act of 1995, no persons are required to respond to a callection of information unless it displays a valid CMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number											
Substitute for Form PTO-875 09 /889 9/8											9/8
Amended											
1.	CLAIMS AS FILED PARTI						SMALL ENTITY		OR	OTHER THAN R . SMALL ENTITY	
Ľ	3-3-06 (Column 1) (Column 2)				•	38762	ENTITY		- 0	EALL	
1	FCR	ACLEA/S	ER FLED	Nage	ER EDTRA	ı	RATE	Æ	•	RATE	FEE
I AU	AUSICIFE				1			•	10010	- 72	
(IT C/R 1.10(a))					1 '			OR	· · · ·		
	TAL CLAIMS CFR 1.18(d)	G	ntrus 20 -		. 0		X4 .		CR	xs -	0
* -	EPENDENT CLA	40	A A						UA.	<u> </u>	
	CSR 1.15(b))	- 12	atouty.		. 0		× 4 0	1	OR	× 4 0	0
									l		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+8		QR	+•	\cdot O_{-}
a Maria difference in automo di la basa di san mana antica 100 in automo di							TOTAL		OR	TOTAL	0
* If the difference in column 1 is tess than zero, enter "O" in column 2.							IUIAL	L	, un	TOIAL	
. CLAIMS AS AMENDED - PART II											
Q I A OTHER THAN											
IXI	Hallya	(Column 1)		(Cotumn 2)	(Cotumn 3)		SMALL I	ENTITY	OR		
14	1 Al No	CLAIMS		HIGHEST	1	1			ì	SMALL	ENTITY
₹	ONG	REMAINING	1	NUMBER	PRESENT	ı	RATE	ADD+		RATE	ADDI
5	IKU	AFTER	l	PREVIOUSLY	EXTRA	l.	l	TIONAL			TIONAL
Ó		AMENDMENT	1 4 11 11 11	PAID FOR	 	Ł		FEE	l .		FEE
I₹	Total profit Lines	1 21.1	Minus	[]			× ••		OR	x s	
ᆝ	Independent	· ' '77)	Mires	- 17	• 11	1				200	IIIOO
빝	DI CFR 1.16DID	10	<u> </u>				x 8•		OR	×	1400
AFTER AMENDIASIT PREVIOUSLY EXTRA Total prora Lates Independent prora Lates FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (OF CFR L16(0))									OR		
- I was a second and a second as a second									O.	TOTAL	$\rightarrow \cap \cap$
l							TOTAL ADD'L FEE		OR	ADD'L FEE	11000
l						1333133		•		4-1-	
(Column 1) (Column 2) (Column 3)											
8		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI-
		AFTER	l	PREVIOUSLY	EXTRA		POLIC	TIONAL			TIONAL
Z		AMENDMENT		PAID FOR				FEE			FEE /
ENDMENT	Total promiumos	- 21)	Minus	- 20	•		X 8 =		ÓR	x	
9	Independent	• •	Mous	*** %					- C		/.
	DO CHE LINES	1 10		10	-		x	_	OR	x s•	
₹					70.449(5)						7
REST PRESENTATION OF MILITIPLE DEPONDENT CLAIM (07 CFR 1.10(4))							+1		OR	+1	_/
							TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	/
l		•									/
(Column 1) (Column 2) (Column 3)											/
		CLAIMS		HIGHEST	1			400		-	100
5		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TRONAL		rate	ADOS- TIONAL
		AMENDMENT		PAD FOR				FEE			FEE
뽛	Total	•	Minus	-	•						
Š	profit uters				ļ	i l	X 8		OR	X 8	
	Day County Profession	-	Minus	I	•		x s		OR	x 8=	
<u>\$</u>									-		
FIRST PRESENTATION OF MATURE DEPENDENT CLAIM (ST CFR L1801)							+ 2 -		OR	÷ 8	
							TOTAL ADD'L FEE		CR	YOTAL ADO'L FEE	
* If the entry in column 1 to test then the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20".											
-	f the "Righest N	Jumber Previously	Pald For	IN THIS SPACE	le leas than 2, o	riin	T.	.			
•	The State of the		والمحالة الملحدة	Taini or independ	land) to the birts	ed a	anther found in	the engrountet	S DOX 25 G	TOTAL T.	

The collection of information is required by 37 CFR 1.16. The information is required to that in the appropriate process of country to the implicit number in toward to the appropriate by the public which is to the (and by the USPTO to process) at application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual case. Any committee on the mount of time you require to complete this form endor suggestions for reducing the burston, chould be can't to the Chief thermation often, U.S. Patient and Trademark Office, U.S. Department of Commons, P.C. Sox 1450, Assandets, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Sox 1450, Abstandets, VA 2213-1450.

If you need assistance in completing the form, cell 1-600-PTO-9199 and select option 2.